

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90188 028 ****61.25

DOCUMENT # N03000008828 1. Entity Name THE ROCKLEDGE LIONS FOUNDATION, INC.			
Principal Place of Business PMB 7007 ROCKLEDGE, FL 32955-7007		Mailing Address PMB 7007 ROCKLEDGE, FL 32955-7007	
2. Principal Place of Business - No P.O. Box # JAMES E. RUTH Suite, Apt. #, etc. 1149 LUTHER DR City & State Rockledge FLA Zip 32955		3. Mailing Address PO BOX 56-0313 Suite, Apt. #, etc. Rockledge, FLORIDA City & State FLORIDA Zip 32956-0313	
Country USA		Country USA	
4. FEI Number 71-0952640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARMAN, JOHNNY 342 PAPAYA CIRLCE BAREFOOT BAY, FL 32976		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME PITTS, ERNEST STREET ADDRESS 1719 HUBBARD ST CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE D NAME SHIRLEY LYNN STREET ADDRESS 1107 MONTCLAIR RD CITY-ST-ZIP COCOA, FL 32922-6353	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME INGRAHAM, FRANK STREET ADDRESS 957 BAYWOOD CT CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PARKER, AL STREET ADDRESS 2934 MATTHEW DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: JAMES E. RUTH JAMOSE E. RUTH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-17-07 321632-7812 <small>Date Daytime Phone #</small>	